





We build strong kids, strong families, strong communities.

# Day Camp Emergency Contact/Medical Form

Child's Name:

First \_\_\_\_\_

Last \_\_\_\_\_

Birthdate: YY/MM/DD \_\_\_\_\_

Gender: Please circle M F

Age at Camp \_\_\_\_\_

Home Address:

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian #1:

First \_\_\_\_\_

Last \_\_\_\_\_

Address (if different)

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_

Parent/Guardian #2:

First \_\_\_\_\_

Last \_\_\_\_\_

Address (if different)

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_

Emergency contact #1

First \_\_\_\_\_

Last \_\_\_\_\_

Phone # 1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency contact #2

First \_\_\_\_\_

Last \_\_\_\_\_

Phone # 1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

Relationship to Child \_\_\_\_\_

6 Digit Provincial Health # \_\_\_\_\_

9 Digit Provincial Health # \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Does your child carry an EPI-PEN?  YES

NO

Does your child use an Inhaler?  YES

NO

Have they been trained in its use?  YES

NO

Please list any allergies your child may have:

Are there any special dietary requirements? (e.g. Cultural): \_\_\_\_\_

Does your child require a one-to-one aid at school?  YES

NO

Has your child been diagnosed or in the process of being diagnosed with:

Asperger's Syndrome

ADD  
 Autism

ADHD

ODO

Other: \_\_\_\_\_

\*\*The more information you are able to provide, the better we are able to meet the specific needs of your child.

All medications must be brought to camp in their original containers with the name of the camper, medication and dosage information clearly visible (a pharmacist can redispense medication into a smaller container if necessary). All medication must be left in care of the program coordinator to be dispensed according to physician's instructions.

Any other comments:

## PERMISSION & AUTHORIZATION

To the best of my knowledge my child is in good health. I will notify the camp of any changes that occur in my child's health between completing this form and the start of camp. I permit my child to participate in the full range of camp activities. I authorize the YMCA-YWCA of Winnipeg to authorize on my behalf all procedures including admission to hospital and treatment therein as they deem essential for the care and well-being of my child. I agree to accept financial responsibility in excess of the benefits allowed by the provincial health program and/or my medical insurance. I understand that pictures taken at camp may be used for promotion.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## PARENT'S COMMITMENT

I have received a copy of the YMCA-YWCA of Winnipeg Parent Handbook and agree to read and discuss it with my child before he/she attends their first day of camp. I confirm that this camper agrees to participate in the full program, to follow safety instructions and/or refrain from behavior that is harmful to oneself or others. I understand the camp policy that inappropriate behavior is cause for dismissal without refund of camp fees.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**YMCA-YWCA of Winnipeg  
Credit Card Authorization Form**

**CUSTOMER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**CREDIT CARD INFORMATION**

**ATTACH A COPY OF CREDIT CARD FOR VERIFICATION PUROPOSES ONLY**

Card Type - Please circle      American Express      Mastercard      Visa  
Card Holder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

I/we authorize the Young Men's and Young Women's Christian Association Inc. (the YMCA-YWCA of Winnipeg), and the financial institution designated to deduct payment of Day Camp Registration fees.

Signature of Account Holder: \_\_\_\_\_  
Name (Please Print) \_\_\_\_\_      Date: \_\_\_\_\_

**YMCA-YWCA of Winnipeg Membership Centres**

Downtown Branch  
301 Vaughan Street  
Winnipeg, MB R3B 2N7  
204.947.3044

Elmwood-Kildonan Branch  
454 Kimberly Avenue  
Winnipeg, MB R2K 0X8  
204.668.8140

South Branch  
5 Fermor Avenue  
Winnipeg, MB R2M 0Y1  
204.233.3476

West Portage Branch  
3550 Portage Avenue  
Winnipeg, MB R3K 0Z8  
204.889.8052